EXHIBIT 13

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

COMMONWEALTH OF MASSACHUSETTS, et al., Plaintiffs, v. NATIONAL INSTITUTES OF HEALTH, et al., Defendants.	Case No. _____

Declaration of The University of Connecticut and The University of Connecticut Health Center

I, Dr. Pamir Alpay, hereby declare:

1. I am the Vice President for Research, Innovation, and Entrepreneurship ("VPRIE") for the University of Connecticut ("UConn"), a position I have held since 2022. As VPRIE, I oversee research and other sponsored activities at UConn and the University of Connecticut Health Center ("UCH"). Prior to holding this position, I was Executive Director of the Innovation and Partnership Building at UConn Tech Park, Associate Dean for Research in UConn's College of Engineering, and full professor in the Department of Materials Science and Engineering. I am a Board of Trustees Distinguished Professor of Materials Science and Engineering and Physics.
2. As the VPRIE, I have personal knowledge of the matters set forth below or have knowledge of the matters based on my review of information and records gathered by my staff.
3. I am providing this declaration to explain certain impacts of National Institutes of Health ("NIH") Notice Number NOT-OD-25-068, *Supplemental Guidance to the 2024 NIH Grants*

Policy Statement: Indirect Cost Rates, which purports to immediately reduce indirect costs payments to 15%.

4. UConn is Connecticut's public flagship research university and UCH is Connecticut's only public academic medical center. Active NIH-funded research initiatives at UConn and UCH include, but are not limited to, the following:

- Improving physical and cognitive function in aging;
- Nuclear magnetic resonance (NMR) technology for the diagnosis of a variety of diseases, including cardiovascular disease, preventable causes for newborn death, cancer, and chronic kidney disease;
- Improving outcomes in people with autism;
- Understanding neural mechanisms for language and reading, including in individuals with dyslexia;
- Understanding language acquisition in deaf children;
- Home-based interventions to improve reading;
- Alcohol and opioid addiction;
- Prevention and care for HIV;
- Suicide risk identification and prevention;
- Understanding impact of stress during pregnancy;
- Mind-body interventions to improve emotional well-being;
- Treatments for leading causes of death and disability in the US, including cancer, cardio-metabolic diseases, obesity, Alzheimer's disease, substance use, influenza, depression and substance use/dependence;

- Precision medicine approach in treating cardiovascular conditions and cancer based on genomic medicine;
- Treatments for conditions impacting quality of life, such as chronic low back pain, bone and muscle injuries, and temporomandibular ("jaw") disorders;
- Treatments for rare diseases and genetic disorders with significant impact on health, including sickle cell disease, glycogen storage, mitochondrial disorders, Rett syndrome, and Prader-Willi syndrome;
- Prevention of emerging tickborne diseases; and
- Muscle and bone regeneration.

These research initiatives are supported by $620,648,927 (UConn: $249,500,528; UCH: $371,148,399) in active awards from the NIH.

5. NIH is an agency within the U.S. Department of Health and Human Services ("DHHS"). UConn has a Negotiated Indirect Cost Rate Agreement ("NICRA") with DHHS, effective as of September 27, 2024. The current Indirect Cost ("IDC") Rate in UConn's NICRA for on-campus research is 61%. UCH has a Negotiated Indirect Cost Rate Agreement ("NICRA") with DHHS, effective as of March 29, 2022. The current IDC Rate in UCH's NICRA for on-campus research is 66.5%. The DHHS is the federal cognizant agency designated to negotiate, approve, oversee, and coordinate the NICRA for UConn and UCH in connection with all NIH awards.
6. The blended IDC rate for NIH funding across UConn and UCH was 42.73% for fiscal year 2024.
7. NIH's reduction of IDC rates will eliminate approximately $35M annually in funding that is used to support our research programs. The loss of these funds will immediately impact

UConn's and UCH's ability to draw funds used to pay for, among other things, maintaining research facilities and supporting administrative functions that ensure compliance with NIH rules and regulations, which are designed to ensure research is conducted safely and lawfully.

8. UConn and UCH clinical trials funded by NIH conduct research on common medical conditions (cardiac, infectious diseases, behavioral disorders, etc.) as well as very rare conditions (e.g., sickle cell anemia, glycogen storage disease) in pursuit of developing lifesaving and/or life extending interventions. This research may involve new or novel medications or devices, surgical procedures, and/or behavioral interventions, and may benefit individuals of all ages. These clinical trials utilize a shared infrastructure, which is partially funded by indirect costs, and is necessary to meet regulatory requirements and provide a safe environment for human subjects participating in clinical trials. Such infrasturcture includes shared services, such as patient recruitment and screening, investigational drug administration, sample processing, testing, and tracking of adverse events. Costs incurred in the clinical trial infrastructure may include maintaining exam/procedure rooms, laboratory facilities, necessary equipment (e.g., beds, ventilators, etc.), and staff. Cuts to the IDCs received by UConn and UCH will put the continued operation of such shared infrastructure in jeopardy.

9. UConn and UCH have made investments in their research infrastructure, relying in part on the continuity of their current funding arrangements with NIH, including the existing IDC rates in the NICRAs. A reduction of indirect cost rates to 15% will create a funding gap of $35M annually. The cut will create a burden on UConn and UCH as many of these costs are unavoidable and committed (such as the facility cost of a laboratory) to conduct NIH research. Such reduction may result in jobs loss.

10. UConn and UCH anticipate their next draw down of NIH funds on or around February 17, 2025. At that time, the reduced IDC rate will impact UConn and UCH in the following ways:

    a. Collectively, UConn and UCH anticipate this will reduce its draw to recover these costs by about $673,000 per week.

    b. UConn and UCH's fiscal position and cash balances will be negatively impacted and may result in insufficient cash balances to meet obligations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 9th day of February 2025, in Storrs, CT.

Dr. Pamir Alpay
Vice President for Research, Innovation and Entrepreneurship
University of Connecticut